## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate All Interfer correspondence including the Patent, advance orders and notification of raintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note, Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying				
46333 7	7590 02/20/2007				papers. Bach ac	aditional pa	ertificate cannot be used sper, such as an assignm mailing or transmission.	ient or formal drawing, must	
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HAYNES AND		I hereby certify that this Fce(s) Transmittal is being electronically filed with							
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DALLAS, TX 75202			indicated below.						
					Kristina A. G	rcia .	100	(Depositor's name)	
					/Capi	mu.	X. Mal	(Signature)	
		May 21, 2007					(Date)		
APPLICATION NO.	99/15/2003	FIRST NAMEL					TORNEY DOCKET NO.	CONFIRMATION NO.	
10/662,928		Bret M. BERRY				31132.153	2720		
TITLE OF INVENTION:	REVISABLE PROSTHETI	C DEVICE							
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE	PUI	BLICATION FEI	E	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300		\$1700	05/21/2007	
EXA	EXAMINER		ART UNIT		LASS-SUBCLASS				
	SNOW, BRUCE EDWARD		3738		623-017110				
<ol> <li>Change of corresponden CFR 1.363).</li> </ol>	2. For printing on the patent front page, list Haynes and Boone, LLF								
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
Address form PTO/SB/		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to							
"Fcc Address" indic PTO/SB/47; Rcv 03-02 Number is required.	ation form of a Customer	on form registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.							
3. ASSIGNEE NAME AN	D RESIDENCE DATA TO B	E PRINTED ON 1							
PLEASE NOTE: Unles recordation as set forth i	s an assignce is identified be n 37 CFR 3.11. Completion	clow, no assignce of this form is NO	data will app T a substitute	pear on the for filing	e patent. If an an assignment.	assignee is	s identified below, the o	locument has been filed for	
(A) NAME OF ASSIGN		(B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Warsaw Orthopedic, Inc.			Warsaw, Indiana						
	e assignee category or catego	ries (will not be pr	inted on the p	oatent):	☐ Individual	Corpor	ration or other private gr	oup entity Government	
4a. The following fee(s) are	4b	4b. Payment of Fee(s):							
Issue Fee		A check in the amount of the fee(s) is enclosed.							
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-1394 (enclose an extra copy of this form).							
5. Change in Entity Status	(from status indicated above	)					(one look an extra c	opy of ans form).	
a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	b. Applic	cant is no l	onger claiming	SMALL E	NTITY status. See 37 C	FR 1.27(a)(2)	
The Director of the USPTO NOTE: The Issue Fee and F interest as shown by the rec	is requested to apply the Issu Publication Fee (if required) v ords of the United States Pate	e Fee and Publicat vill not be accepted ent and Trademark	tion Fee (if an I from anyone Office.	ny) or to re e other tha	apply any pres the applicant;	viously paid a registere	d issue fee to the applica d attorney or agent; or the	tion identified above. ne assignee or other party in	
Authorized Signature	110-	2-	_						
	Date _ May 21, 2007								
Typed or printed name	Registration No. 40,706								
This collection of information an application. Confidential submitting the completed at this form and/or suggestions. Box 1450, Alexandria, Virginia 22313-	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPTG for reducing this burden, shina 22313-1450. DO NOT S 1450.	11. The information 122 and 37 CFR I D. Time will vary ould be sent to the END FEES OR C	n is required to 1.14. This coll depending up Chief Inform OMPLETED	to obtain of lection is on the incontrol off nation Off FORMS	r retain a benef estimated to tal lividual case. A icer, U.S. Pater TO THIS ADD	fit by the pu ce 12 minut any comment and Trad ORESS. SEI	ablic which is to file (and es to complete, including ints on the amount of tiremark Office, U.S. Depa ND TO: Commissioner in	by the USPTO to process) g gathering, preparing, and ne you require to complete urtment of Commerce, P.O. for Patents, P.O. Box 1450,	

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